

476

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Navajo</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>338</u>	
District of <u>Sho Low</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. _____	
Town of _____		Local Registrar's No. _____	
City of _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Earline Ellsworth</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<del>NO</del>
Sex of Child <u>Female</u>	Twin, Triplet or other <u>+</u>	and	Number in order of birth _____
Legitimate? <u>Yes</u>	Date of Birth <u>July 3</u> 191 <u>9</u>	(Month) (Day) (Yr.)	
Full Name <u>Wallace Ellsworth</u>	FATHER	Full Maiden Name <u>Edith Ann Whipple</u>	MOTHER
Residence <u>Sho Low</u>		Residence <u>Sho Low</u>	
Color or Race _____	Age at last Birthday <u>32</u> (Years)	Color or Race _____	Age at last Birthday <u>27</u> (Years)
Birthplace <u>Sho Low</u>		Birthplace <u>Sho Low</u>	
Occupation <u>Merchant</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on July 3 1919, at 1:30 AM.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs. Emma Whipple  
(Attending physician, midwife, householder)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Sho Low, Ariz.

Filed 8/1 1919 Mrs. Emma Whipple  
LOCAL REGISTRAR.

558-703-395  
COUNTY REGISTRAR.

Filed Aug 5 1919 W. M. Mumpers  
COUNTY REGISTRAR.